

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1						51		
2		1					52		
3							53		
4		3					54		
5		3					55		
6		3					56		
7		3					57		
8		1					58		
9		3					59		
10		3					60		
11		3					61		
12		3					62		
13		3					63		
14		3					64		
15		3					65		
16		3					66		
17		3					67		
18		3					68		
19		3					69		
20		3					70		
21							71		
22	1						72		
23		1					73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	↙		↙		↙		TOTAL IND.	↙	
TOTAL DEP.	↘		↘		↘		TOTAL DEP.	↘	
TOTAL CLAIMS	↗		↗		↗		TOTAL CLAIMS	↗	